



MAAC Full Council Meeting Summary of Meeting Minutes August 8, 2017

Introduction *(See the roll call document to review the Full Council attendance.)*

Gerd called the meeting to order and performed the roll call and declared that there was quorum.

Approval of Minutes from previous meetings

Gerd asked the Council if there were any changes to the minutes of the Full Council meetings of February 14, 2017, or May 9, 2017, and the minutes stand approved.

Introduction and Remarks from Director Foxhoven

Introduction was postponed.

Communications Standardization Update

Matt Highland provided an update on the initiatives that have been under development since his last update in May. He reviewed the development of standardized model language and definitions for all member handbooks, formularies for IA Health Link, digital and print provider directories, and other informational resources.

Quarterly Data Report Review: Q3 2017

Lisa Cook presented the Quarterly Data Report. Updates included Care Coordination, Adult HRA, Grievances and Appeals, Service Plans, Level of Care, Medical Claims Payment, Prior Authorizations, Value-Added Services, and Level of Care. MCO Account Managers are meeting daily with the MCOs to ensure ongoing contract compliance and handle necessary corrective action. Mikki and Liz are also meeting with the MCOs on a monthly basis to discuss and monitor corrective action plans.

Action Item:

- Managed care division to provide a review of managed care quality performance measures – HEDIS and HSAG

Update from the Medicaid Director

(Legislative Update, Electronic Visit Verification (EVV) including Stakeholder Workgroup Meetings, Family Planning Program (FPP), Dental Wellness Plan (DWP), and Action Items)

Mikki outlined the legislative initiatives that were implemented on July 1, 2017, and cost containment measures across all three MCOs. She stated that the IME continued to monitor the Family Planning Program (FPP) and Dental Wellness Plan (DWP) following program changes on July 1, 2017. It was reported in the July 11, 2017 Executive Committee meeting that there was an Electronic Visit Verification (EVV) survey available for impacted provider populations and from that data, internal and stakeholder workgroups would be formed to make recommendations to the Director for implementation of the program. Comments and questions were gathered regarding retroactive eligibility coverage and this information was included in the 1115 Waiver that was submitted to CMS. Mikki stated the outstanding Action Items would be discussed at the August 24, 2017, Executive Committee meeting.

Director Response to the MAAC Recommendations

Speaking on behalf of Director Foxhoven, Mikki provided background on the process involved in the development of the recommendations and read each of the recommendations within Director Foxhoven's response letter.

Updates from the MCOs

a. UnitedHealthcare Plan of the River Valley, Inc.

Paige Petit outlined various upcoming UnitedHealthcare's scheduled events such as a UnitedHealthcare Provider Information Expo on October 12, 2017, which was intended for providers that served all UnitedHealthcare business units; including Medicaid. UnitedHealthcare's Stakeholder Advisory Committee was to meet in the coming months and UnitedHealthcare was to have a booth at the Iowa State Fair. It was asked if UHC considers social determinants of health in its approach to providing services to members. Paige stated that UHC makes every effort to ensure that case managers work with other team members in determining and providing for the overall needs of the member.

b. AmeriHealth Caritas Iowa, Inc.

Tracy Smith stated that AmeriHealth's contract with Mercy Hospitals had been renegotiated. She stated that AmeriHealth had 21 provider representatives across the state that provide education and training for providers and had performed 1,700 provider site-visits since January 1, 2017. In the first year following implementation, AmeriHealth's Member Services call center had fielded approximately 170,000 phone calls and their Provider Services call center had fielded approximately 227,000 phone calls. Tracy gave an update on AmeriHealth's Stakeholder Advisory Committee, the change to an in-house case management model, care coordination, the HPV vaccination program, and the "Bright Start" program. She stated that AmeriHealth was working with the IME on their Value-Based Purchasing program and would continue to report on progress in this regard.

c. Amerigroup Iowa, Inc.

Natalie Kerber stated that Amerigroup continued to add members and providers to their advisory committee, and that their Medical Advisory Committee would be meeting mid-August. Various subjects to be addressed at the Medical Advisory Committee included population management, member-focused intervention, 2017 satisfaction survey, and in- and out-patient services. She highlighted the funding of grants with the Michael Phelps program of Iowa which fostered active and healthy lifestyles and programs for health education. Natalie was asked to address the data within the quarterly report that indicated a higher rate of grievances for Amerigroup. She stated that they were formulating action plans to address this topic for improvement in the future.

Quarterly Recommendations Discussion

Public Comment Listening Sessions Update – Sioux City

Lindsay stated that the June 13, 2017, Public Comment meeting focused on topics such as Durable Medical Equipment (DME), reimbursement, billing and claims, Prior Authorizations, Non-Emergent Medical Transportation (NEMT), and case management. The next meeting would be in Bettendorf, IA on August 29, 2017.

Review of SFY Q3 2017 Memo

Gerd presented the timeline document included in the meeting materials which outlined due dates for drafting and submitting IA Health Link recommendations. He also reviewed the April 21, 2017, letter that was submitted to Director Palmer.

Discussion of recommendations for SFY Q4 2017 for the August 24 Executive Committee meeting and other budget, policy and administrative recommendations for the Executive Committee's review and response

1. Review the process involving transfer of member information from one MCO to another MCO when a member chooses to change their MCO.
2. Senator Bolkcom requested additional information on the status of rate negotiations and the new rates going into the new fiscal year.

3. It was suggested to keep the prior authorization process and the issue of secondary payment on the Executive Committee discussion agenda.
4. It was suggested to make advocacy for people receiving services from MCOs an Executive Committee agenda item.
5. Have future discussion on the role of care coordinators and case managers responsible for waivers. Which set of activities is making the greatest impact on improving outcomes?
6. Hold future discussions to determine a more proactive role in strengthening the healthcare safety net.
7. Clarify MCO's as a secondary payer.
8. Executive Committee should consider asking the LTC Ombudsman's Office for recommendations.
9. Consider a discussion relating to the federal discussions on block granting Medicaid dollars, and how the state is positioned relative to this possible outcome.

Open Comment

(Open comment opportunity for Members)

Anthony Carroll commented about the "How to be Your Own Best Advocate" document from the Long Term Care Ombudsman's Office and suggested to find as many ways possible to promote the availability of the document in both print and online.

Adjourn

3:55 P.M.